

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09/679,692</i>	FILING DATE <i>10-5-82</i>			
						APPL/CANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	/					51				
2	/					52				
3	/					53				
4	/					54				
5	/					55				
6	/					56				
7	/					57				
8	/					58				
9	/					59				
10	/					60				
11	/					61				
12	/					62				
13	/					63				
14	/					64				
15	/					65				
16	/					66				
17	/					67				
18	/					68				
19	/					69				
20	/					70				
21	/					71				
22	/					72				
23	/					73				
24	/					74				
25	/					75				
26	/					76				
27	/					77				
28	/					78				
29	/					79				
30	/					80				
31	/					81				
32	/					82				
33						83				
34						84				
35						85				
36						86				
37						87				
38						88				
39						89				
40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.	4					TOTAL IND.				
TOTAL DEP.	28					TOTAL DEP.				
TOTAL CLAIMS	32					TOTAL CLAIMS				